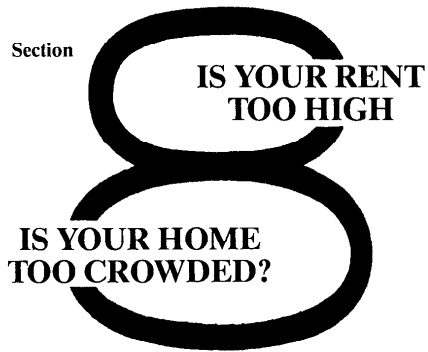


INSTRUCTIONS FOR COMPLETING APPLICATION

- PART I** — Please provide all information for all family members. Please provide Social Security Numbers for all children, if available.
- PART II** — Please complete this information using your current address.
- PART III** — When completing wage and benefit information, please indicate if the figures you provide are **yearly** or **monthly** income.

Please be sure to note that you are responsible for informing this office of address changes.



**IF YOU
ANSWER 'YES'
PLEASE
READ
ON**

THE MONTANA DEPARTMENT OF COMMERCE

SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM FOR HOUSING

... is a way to help you with rental costs. It may help you afford a better place to live. The program pays your landlord part of your monthly rent.

YOU MAY QUALIFY IF:

1. Your household includes one of the following:
 - Yourself and one or more family members
 - A single person 62 years of age or older, a single person who is disabled or handicapped, a single person who is pregnant, or a single person
 - Persons who are handicapped, disabled or 62 years of age or older who live with other persons also handicapped, disabled or over 62, or who live with someone who takes care of them
 - Persons displaced by governmental action or natural disaster

AND . . .

2. Your total household income is not over program limits.



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

This application does not obligate you in any way. Applicants will be taken on **first-come, first-served** basis by application date. **Participation is limited**, so complete this application and return it to this agency as soon as possible. If you have questions, please call. In order to expedite your application, please complete **all** questions.

Return to: Department of Commerce
Housing Assistance Bureau
Section 8 Housing Program
PO Box 200545
Helena, Montana 59620-0545
PHONE: (406) 841-2830

PART I

Family Member Number	First Name and Middle Initial of Household Member	Last Name of Household Member	Social Security Number	Relationship To You	Sex	Date of Birth (Month, Day, Year)
Head				Head		
Spouse/ Co-Tenant				Spouse/ Co-Tenant		
1						
2						
3						
4						
5						
6						
7						

ETHNICITY (Enter one code) 1 = Hispanic 2 = Non-Hispanic _____ NUMBER OF FAMILY MEMBERS _____

MINORITY (Enter one code) 1 = White 2 = Black 3 = American Indian or Alaskan Native 4 = Asian or Pacific Islander _____

HOUSEHOLD STATUS (Check as many as apply) _____ Age 62 or Over _____ Disabled _____ Handicapped _____ Pregnant _____ None of the Previous

PART II

MAILING ADDRESS _____
PO BOX _____ (Street name if applicable)

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE _____ DO YOU LIVE WITHIN THE CITY LIMITS? _____

PART III

Family Member Number	Wages, Salaries, etc.	Social Security Pensions, etc.	Public Assistance (incl. SSI)	Income From Assets	Other	Family Assets (Net or Market Value of Real Property & Liquid Assets, such as Savings Accounts, CD's, Stocks)
Head						
Spouse/ Co-Tenant						
TOTALS						

PRIVACY ACT STATEMENT — The information on this form is being collected by the Department of HUD to determine an applicant's eligibility. It will be used to provide the basis for managing the programs covered by this form, for protecting the Government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigators or prosecutors. It is not mandatory to provide social security number. However, failure to provide any other information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35, 85 Stat., 348, 408.

TENANT(S) STATEMENT — I/We certify that the statements in Parts I, II and III above are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signature and Date _____

Signature of Spouse and Date _____

PLEASE NOTE: Should you relocate prior to being contacted by our Field Agent, please be sure to notify the Department of Commerce office in writing of your new address. If our Field Agent cannot contact you, your number will be passed by, and you will be required to reapply.

FOR STATE USE ONLY: _____

FILE # _____